

Intervention: Office system interventions/provider reminders

Finding: Sufficient evidence for effectiveness

Potential partners to undertake the intervention:

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| <input type="checkbox"/> Nonprofits or local coalitions | <input type="checkbox"/> Businesses or labor organizations |
| <input type="checkbox"/> Schools or universities | <input type="checkbox"/> Media |
| <input checked="" type="checkbox"/> Health care providers | <input checked="" type="checkbox"/> Local public health departments |
| <input type="checkbox"/> State public health departments | <input type="checkbox"/> Policymakers |
| <input checked="" type="checkbox"/> Hospitals, clinics or managed care organizations | <input type="checkbox"/> Other: |

Background on the intervention:

Administrative office systems create routine procedures, such as computer or chart reminders, scheduling appointments, and provider checklists, to increase preventive health screening. Office systems remind health care providers that individual patients are due or overdue for recommended preventive services, such as cancer screening.

Findings from the systematic reviews:

Office systems, particularly computer-based and manual reminders, showed positive effects at increasing screening rates in a range of populations. Computer-based and manual reminders showed similar effectiveness at increasing utilization of screening.

Office system interventions reviewed were typically conducted as part of a health screening program that often included other components, such as mass media campaigns and/or patient reminders.

Provider reminders are effective in improving provider delivery of various screenings in adults used alone or as part of a multi-component intervention, across a range of reminder types, and in a range of settings and populations. Provider office system reminders can be effective in prompting health care providers to discuss health risks with patients.

Limitations/Comments:

This research was conducted primarily among women and focused on colorectal, breast, and cervical cancer screening. Although there was some variability in the study populations, most of the studies were conducted with non-Hispanic white populations. Determining the effectiveness of these interventions across different races or socioeconomic groups requires further exploration.

One intervention, provider audit and feedback, involves retrospectively evaluating the performance of providers in delivering preventive services. This strategy had mixed results in terms of screening rates, thus it is not included in recommendations for office system interventions.

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